

Make remittance payable to "**Kansas Department of Agriculture**"
Records Center - Fertilizer
109 SW 9th Street
Topeka KS 66612
785-296-3731

APPLICATION FOR REGISTRATION OF CUSTOM FERTILIZER BLENDER

For Calendar Year of _____
January 1 - December 31

Registration Fee
\$125.00

____ New
____ Renewal

Intend to Blend (Mark One Only): _____ Dry _____ Liquid _____ Both

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FIRM INFORMATION		
Complete Business Name _____		
Location/Street Address _____		
City, State, Zip Code _____		
_____ Phone Number	_____ County	_____ Federal Tax ID or Social Security No

Mailing Address (if different than above for license, letter & renewal purposes)

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Owner of Facility _____

Owner's Federal Tax ID (if different) _____

Business Name Last Year (if different) _____

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I hereby attest that the information in this application for registration is true, complete, and accurate.

Signature (Date)

(Typed/printed name of signer) (Title)

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For Office Use Only

Trans # _____ Check # _____

FBL _____
RFB _____